

POOL OPERATING RECORD

WASHOE COUNTY HEALTH DISTRICT

DIVISION OF ENVIRONMENTAL HEALTH SERVICES

WELLS AVENUE AT NINTH STREET

RENO NV

Front Desk 328-2434

Automated Inspection 325-8000

Name of Facility _____

Permit Number _____

Sanitizer _____

	Date		Date		Date		Date		Date		Date		Date	
	A.M.	P.M.												
ACTUAL TIME														
BROMINE/CHLORINE														
pH														
TOTAL ALKALINITY														
CALCIUM HARDNESS														
CYANURIC ACID (ppm)														
FLOW RATE														
BACKWASH (yes/no)														
ORP														
MAKEUP WATER														
CHEMICALS ADDED														
AMOUNT OF CHEMICALS ADDED														
VGB COMPLIANT														
EQUIPMENT CHECKED														
GATES/ DOORS/ SAFETY EQUIPMENT, ETC.														
OPERATOR'S INITIALS														
NOTES:														